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FACSIMILE COVER SHEETTO: *FEC, Reports Analysis Division*DESTINATION FAX: *202-219-0174*FROM: *Chris Winkelman, Counsel to American Future Fund*PAGES (INCLUDING COVER): *4*DATE: *7/26/12*SUBJECT: *24-hour report*

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation American Future Fund		3. FEC Identification Number C 9 0 0 1 1 6 7 7
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4225 Fleur Drive #142		
(c) City, State and ZIP Code Des Moines, IA 50321		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ 24-Hour Report

☐ October 15 Quarterly Report

☐ January 31 Year-End Report

☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

07 25 2012

THROUGH

07 27 2012

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

30,000.00

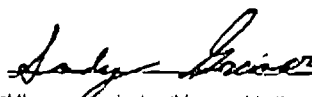
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Sandy Greiner - President



7-26-12

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530. Local 202-694-1100

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE	OF
1	1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
American Future Fund

A. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
C			
Name of Employer		Occupation	

B. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
C			
Name of Employer		Occupation	

C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
C			
Name of Employer		Occupation	

D. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
C			
Name of Employer		Occupation	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

0 0 0

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 1
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Future Fund

Full Name (Last, First, Middle Initial) of Payee

Nonbox

Date

07 26 2012

Mailing Address

5307 South 92nd Street

Amount

3 0 0 0 0.00

Purpose of Expenditure

Media placement

Category/
Type 004

Office Sought:



House

State: MI



Senate

District: 11



President

Check One:



Support



Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Kerry Bentivolio

Disbursement For:



Primary



General

☐ Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought

3 0 0 0 0.00

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:



House

State: _____



Senate

District: _____



President

Check One:



Support



Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Disbursement For:



Primary



General

☐ Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:



House

State: _____



Senate

District: _____



President

Check One:



Support



Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Disbursement For:



Primary



General

☐ Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures..... ►

3 0 0 0 0.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ►

0.00

(c) TOTAL Independent Expenditures..... ►
(carry total from last page forward to Line 7)

3 0 0 0 0.00

Federal Election Commission
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FOR INCOMING DOCUMENTS**

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